

**Donation Form**

I would like to contribute to Assistance in Health Care, Inc., in the amount of  
\$\_\_\_\_\_.

This donation is made in the memory of \_\_\_\_\_.

Make checks payable to:  
Assistance in Health Care, Inc.

Contributions are tax-deductible

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_